



**WESTERN SEA KAYAKERS
AMERICAN CANOE ASSOCIATION**
Membership Renewal / Application

Membership Fees				
Membership (check one)	<input type="checkbox"/> New or <input type="checkbox"/> Renewal			
Type (check/circle one)	<input type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Individual Student (23-)	<input type="checkbox"/> Individual Senior (62+)
Dues (check/circle one)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$55	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40
Includes both ACA and WSK membership dues.				

Make checks payable to **Western Sea Kayakers** and mail to:

**Western Sea Kayakers
P.O. Box 1531
Mountain View, CA 94042-1531**

*To process your application OR renewal you must submit **ALL** of the following:*

- 1) A completed application*
- 2) A signed waiver for each person listed on Membership Application*
- 3) The appropriate fees.*

Individual or Primary Family Member:

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Fax: _____ - _____ - _____ ACA number (if known): _____

Check this box to include *ONLY* name and email on WSK member list. Leave off other info.

Signature: _____ Date: ____ / ____ / ____

Comments:

Individual Members complete only Page 1. Family Members also complete Page 2 and additional copies of page 2 as necessary..



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Additional Family Members A family membership includes up to two adults and any children in the same household under 18 years of age. Note: Only the Primary Family Member and the Additional Family Member listed first below will have voting privileges.

Name: _____ Date of Birth: ____ / ____ / ____

E-mail: _____ Home Phone: ____ - ____ - ____

Work Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Fax: ____ - ____ - ____ ACA number (if known): _____

- Check this box to include ONLY name and email on WSK member listing. Leave off other info.
 - Check this box to exclude minor from published WSK member list.
-

Name: _____ Date of Birth: ____ / ____ / ____

E-mail: _____ Home Phone: ____ - ____ - ____

Work Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Fax: ____ - ____ - ____ ACA number (if known): _____

- Check this box to include ONLY name and email on WSK member listing. Leave off other info.
 - Check this box to exclude minor from published WSK member list.
-

Name: _____ Date of Birth: ____ / ____ / ____

E-mail: _____ Home Phone: ____ - ____ - ____

Work Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Fax: ____ - ____ - ____ ACA number (if known): _____

- Check this box to include ONLY name and email on WSK member listing. Leave off other info.
 - Check this box to exclude minor from published WSK member list.
-

Name: _____ Date of Birth: ____ / ____ / ____

E-mail: _____ Home Phone: ____ - ____ - ____

Work Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Fax: ____ - ____ - ____ ACA number (if known): _____

- Check this box to include ONLY name and email on WSK member listing. Leave off other info.
- Check this box to exclude minor from published WSK member list.



AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM



All participants in ACA-insured activities must be ACA members in one of the following categories (choose one):

I am currently an ACA member. My member number appears below. (Check here if renewing with this form <input type="checkbox"/>) <input type="checkbox"/>	I would like a one-year ACA Paddle America Club Membership for: (check & circle one) Individual \$30 Family (2 adults + minors) \$40 <input type="checkbox"/>	I would like a one-year ACA Membership for: (check & circle one) Individual \$40 Family (2 adults + minors) \$60 <input type="checkbox"/>
I would like a one-year Senior (62+) or Student Membership for \$25 (under 18, or under 23 with copy of student ID) <input type="checkbox"/>	I would like an ACA Introductory Membership for \$15 (Six month full membership with benefits, including a <i>Rapid Media</i> magazine) <input type="checkbox"/>	I would like an ACA Event Membership for \$5 (one activity membership, no member benefits) <input type="checkbox"/>

AMERICAN CANOE ASSOCIATION ADULT WAIVER & RELEASE OF LIABILITY READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any way in the **American Canoe Association, Inc.** sports and recreation program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. **ACKNOWLEDGE**, agree, and represent that I understand the nature of paddlesports and related activities and that I am qualified, in good health, in proper physical condition to participate in such activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. If I decide to leave early and not complete the trip as planned, I assume all risks inherent in my decision to leave.

2. **FULLY UNDERSTAND** that: (a) Paddlesports and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation or that of the minor in the Activity.

3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** the American Canoe Association, Inc., its Paddle America Clubs, affiliated clubs and organizational affiliates, their respective ACA certified instructors, certified instructor trainers, and certified instructor trainer educators, administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I **FURTHER AGREE** that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I **WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES** from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name (print) _____ Date of Birth _____ ACA # (if any) _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Date _____ Adult Signature _____

Name / Description of Activity or Event _____

Sponsoring Club / Organization Western Sea Kayakers Activity Date _____



AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM



All minor participants in ACA-insured activities must be ACA members in one of the following categories (choose one):

I am currently an ACA member. My member number appears below. (Check here if renewing with this form <input type="checkbox"/>)	<input type="checkbox"/>	I would like a one-year Student Membership for \$25 (Under 18, or under 23 with copy of student ID)	<input type="checkbox"/>
I would like an ACA Introductory Membership for \$10 (Six month full membership with benefits, including Paddler Magazine)	<input type="checkbox"/>	I would like an ACA Event Membership for \$5 (One activity membership, no member benefits)	<input type="checkbox"/>

AMERICAN CANOE ASSOCIATION MINOR WAIVER & RELEASE OF LIABILITY READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any way in the American Canoe Association, Inc. sports and recreation program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Paddlesports and related Activities and that I am qualified, in good health, in proper physical condition to participate in such Activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. If I decide to leave early and not complete the trip as planned, I assume all risks inherent in my decision to leave.

2. FULLY UNDERSTAND that: (a) Paddlesports and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE American Canoe Association, Inc., its Paddle America Clubs, affiliated clubs and organizational affiliates, their respective ACA certified instructors, certified instructor trainers, and certified instructor trainer educators, administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

MINOR PARTICIPANT: I, THE MINOR PARTICIPANT, HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Minor Name (print) _____ Minor Date of Birth _____ ACA # (if any) _____

Minor Street Address _____ Minor Phone _____

Minor City _____ Minor State _____ Minor Zip _____ Minor Email _____

Date _____ Minor Signature _____

PARENT OR GUARDIAN: I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PADDLESPO RTS AND RELATED ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Parent/Guardian Name (print) _____ Parent/Guardian ACA # (if any) _____

P/G Street Address _____ P/G Phone _____

P/G City _____ P/G State _____ P/G Zip _____ P/G Email _____

Date _____ Parent / Guardian Signature _____

Activity Description _____ Sponsoring Org. Western Sea Kayakers Activity Date _____